



## APPLICATION FORM INSTRUCTIONS

*Please read all instructions carefully before filling out this application*

This application is in four sections: (total of eleven pages)

Section 1:	Credential application	(Page 2)	(to be filled out by the applicant)
Section 2:	Data Release form	(Page 7)	(to be filled out by the applicant)
Section 3:	Applicants reference form	(Page 8)	(to be filled out by an ordained minister)
Section 4:	Applicants spouse reference form	(Page 11)	(to be filled out by the applicants Pastor)

### APPLICANT:

1. Complete Section 1 and Section 2 first, and then submit the application to your Pastor to complete the reference forms of Section 3 and Section 4. Provide your Pastor with the appropriate postage and *have him send the completed application* to the District Secretary's office.
2. Include a check for the application fee in the amount of \$75.00, payable to the \_\_\_\_\_ District, I.F.C.A. This fee includes a required background check (form to authorize such enclosed).
3. If applying for Ordination, include an additional check in the amount of \$25.00, payable to F.O.C.U.S., I.F.C.A.
4. If transferring from another denomination, be sure to enclose copies of your Ordination certificate or other levels of recognition. A copy of your letter requesting transfer or resignation should also be included.
5. Print or type all answers.
6. All questions must be answered, including Ministerial Viewpoints.

**Please note:** all applicants will be called for a personal interview and/or orientation.

***Do not separate this form!***

### Headquarters:

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**SECTION 1**

**CREDENTIAL APPLICATION FORM**

**International Fellowship of Christian Assemblies**

\_\_\_\_\_ **District**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

APPLICATION FOR: ( ) Ordination ( ) Minister of the Gospel ( ) Licensed Preacher ( ) Christian Worker  
( ) Re-Instatement ( ) Transfer from another Denomination

*Please use separate sheet of paper for any additional information*

**PART 1 -- PERSONAL INFORMATION**

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Phone Numbers: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If not, what country? \_\_\_\_\_

**PART 2 – FAMILY INFORMATION**

5. Are you married? \_\_\_\_\_ \*Separated? \_\_\_\_\_ \* Divorced? \_\_\_\_\_ Single? \_\_\_\_\_ Widowed? \_\_\_\_\_

a. \*If separated, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \*If divorced, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On what date were you divorced? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Were attempts made for reconciliation? \_\_\_\_\_

May we contact your former spouse(s) if deemed necessary? \_\_\_\_\_

6. List names of all children: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

PART 3 -- EDUCATION AND CHRISTIAN EXPERIENCE

7. What is the highest grade of elementary or high school completed? \_\_\_\_\_  
Where? \_\_\_\_\_
8. Attach a list of Colleges, Bible School or seminaries that you have attended.  
Give dates, courses completed, and degrees earned.  
Include list of any academic awards, special honors, etc., that you have received.  
Would you be willing to advance your education in accordance with IFCA recommendation? \_\_\_\_\_
9. Give a brief outline of your past and current experience in church leadership. Include any church offices held, length of time in office, evangelistic services conducted, churches served as pastor. Include dates and any other important information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. When were you born-again? \_\_\_\_\_ Where? \_\_\_\_\_  
Can you provide confirmation from a Pastor or church? \_\_\_\_\_
11. a) Have you been baptized in water by immersion? \_\_\_\_\_ When and where? \_\_\_\_\_  
b) Have you been baptized with the Holy Spirit with the initial evidence of speaking in tongues? \_\_\_\_\_  
When and where? \_\_\_\_\_
12. Where is your church membership? \_\_\_\_\_  
Prior? \_\_\_\_\_
13. Were you previously credentialed with the International Fellowship of Christian Assemblies or any other organization? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
14. Have you ever been dismissed from a Denomination or church for cause or withdrawn under charges?  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_
15. If you have transferred, provide name, address, and telephone number of your superior as well as Denomination.  
\_\_\_\_\_
16. May we have your permission to contact your previous denomination? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please give reason(s) \_\_\_\_\_
17. Do you read the Bible regularly? \_\_\_\_\_ Have you read the Bible completely through at least one time? \_\_\_\_\_

PART FOUR – RELATIONS WITH THE INTERNATIONAL FELLOWSHIP OF CHRISTIAN ASSEMBLIES

18. Have you read the Constitution and By-Laws of the International Fellowship of Christian Assemblies? \_\_\_\_\_  
Are you in agreement with them? \_\_\_\_\_ If not, list area(s) of disagreement \_\_\_\_\_  
\_\_\_\_\_
19. Will you be willing to attend the next orientation when presented? \_\_\_\_\_  
Are you willing to attend the IFCA Annual Convention, to the best of your ability? \_\_\_\_\_  
Are you willing to attend the District Council meetings and other functions as you are able? \_\_\_\_\_
20. Do you fully agree with the doctrinal positions of the International Fellowship of Christian Assemblies, and do you agree to teach and preach in harmony with them? \_\_\_\_\_  
Do you hold any mental reservations about the Articles of Faith of the International Fellowship of Christian Assemblies? If yes, give an explanation \_\_\_\_\_
21. If you reach a place where you are out of harmony with the doctrines and standards of the International Fellowship of Christian Assemblies, will you surrender your credentials & certificates to your District Officials? \_\_\_\_\_
22. Will you cooperate with your District and National Officials? \_\_\_\_\_
23. Will you abide by the decisions of the General Council? \_\_\_\_\_ The District Council? \_\_\_\_\_

PART 5 -- FINANCIAL AND EMPLOYMENT INFORMATION

24. Have you faithfully supported your local church with your attendance, tithes and offerings? \_\_\_\_\_
25. Have you received a copy of the financial giving plan for credential holders of the IFCA? \_\_\_\_\_
26. Will you faithfully support the General Council and District Council through this plan? \_\_\_\_\_  
Do you know that if you do not contribute financially your credentials will not be issued to you? \_\_\_\_\_
27. Have you ever declared bankruptcy? \_\_\_\_\_ Been sued for collection of a debt? \_\_\_\_\_  
Had wages attached? \_\_\_\_\_ Has any property been repossessed for non-payment of contract or bills? \_\_\_\_\_  
Have you been involved in any legal action? \_\_\_\_\_ If any answer is yes, please explain on separate paper.
28. Are you currently having financial difficulties? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
29. If you are or have been employed in secular work, please attach a list of employers to this application, including addresses, supervisors, and dates you were employed in the respective job.

PART 6 -- PERSONAL LIFE

30. Have you ever been charged with a moral offense? \_\_\_\_\_ If answer is yes, please provide all necessary information under separate cover.

31. Have you ever been tested HIV positive? \_\_\_\_\_ If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Do you presently have, or indulge in, any of the following habits?

Watch pornography?	Yes ___ No ___	Drink alcohol?	Yes ___ No ___
Live a gay lifestyle?	Yes ___ No ___	Use illegal drugs?	Yes ___ No ___
Practice adultery?	Yes ___ No ___	Smoke or chew tobacco?	Yes ___ No ___

33. Summarize your study habits, prayer time and devotional life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Have you received a definite call from God? \_\_\_\_\_ To what? \_\_\_\_\_

35. Do you remember when and how you received that call? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Why are you interested in holding credentials with the IFCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART 7 -- MINISTERIAL VIEWPOINTS

On separate paper, write brief essays explaining your concept of, and/or understanding of the following subjects: (give Scripture references)

37. The man/woman of God.

38. The "ministry".

39. Divorce and remarriage.

40. Discipleship/submission.

41. Tithing.

42. Faith and Prosperity teaching.

43. Divine healing, water baptism, baptism of the Holy Spirit.

44. The Minister's covering.

45. The Minister's accountability.

- 46. The need for affiliation.
- 47. The manner of, or procedure for, church marriage.
- 48. The Minister's response to encountered resistance from: church board, individuals, etc.
- 49. Abortion, homosexuality, AIDS.

I grant the International Fellowship of Christian Assemblies permission to conduct an investigation into the information given in this application and to circulate said application and information to whomever necessary.

Signed: \_\_\_\_\_  
Applicant

CANDIDATE:

I certify that I have read all the questions in this application and that I have answered them truthfully. I hereby apply for credentials with the International Fellowship of Christian Assemblies, through the Niagara Mohawk District. I agree to be interviewed in person before my recognition is granted.

I am aware that if any of my answers are discovered to be false, my credentials will be automatically revoked.

I hereby set my signature \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

PASTOR: Please evaluate this application, complete the recommendation, sign it and return it to:

**International Fellowship of Christian Assemblies  
 District**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

I \_\_\_\_\_, Pastor of \_\_\_\_\_,  
 recommend \_\_\_\_\_ to the International Fellowship of Christian Assemblies  
 (\_\_\_\_\_ District), to be considered favorably for credentials. He/she has been faithful to the local church and has demonstrated leadership qualities and other evidences of a desire to be used of God.

Pastor's Remarks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date

Pastor's Signature

**DISTRICT ACTION**

**Approved** \_\_\_\_\_ **Recognition granted as:** \_\_\_\_\_

**Not approved** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Hold** \_\_\_\_\_ **For** \_\_\_\_\_

**Date** \_\_\_\_\_ **District Officer** \_\_\_\_\_

**SECTION 2**

**DATA RELEASE FORM**

**INSTRUCTIONS**

This form must be filled out by the applicant

I, \_\_\_\_\_, having filed an application for credentials with the \_\_\_\_\_ District of the General Council, International Fellowship of Christian Assemblies, hereby grant permission to said District and the Department of FOCUS (Faith, Order, Credentials, Unity, and Standards) of the International Fellowship of Christian Assemblies, to circulate my application and any other related information about me to all responsible persons who will be receiving this application and data, which is required in the granting of credentials.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



**SECTION 3**

**REFERENCE FORM FOR A CREDENTIAL APPLICANT**

**INSTRUCTIONS**

This form must be completed by an Ordained Minister who knows the applicant well. Because it is essential that great care be taken in the selection of candidates for the Ministry, we ask that you answer each of the questions below as frankly as possible. Omit items which you have had no opportunity to observe. All information provided will be held in strict confidence!

Applicant's Name: \_\_\_\_\_

Minister's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

If you are not an IFCA Pastor, with whom do you hold credentials? \_\_\_\_\_

1. Are you the applicant's Pastor? \_\_\_\_\_ If not, what is your association with the applicant? \_\_\_\_\_

\_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

\_\_\_\_\_

3. Are you in any way related to the applicant? \_\_\_\_\_ If "yes", describe relationship: \_\_\_\_\_

\_\_\_\_\_

4. To the best of your knowledge...

a. Is the applicant living a consistent Christian life? \_\_\_\_\_

b. Has the applicant continued to grow towards spiritual maturity and reached a level suitable for his/her requested credential? \_\_\_\_\_

c. Is the applicant received well by the community? \_\_\_\_\_

d. Is he/she respected and received well by the local church which he/she attends or pastors? \_\_\_\_\_

e. Is he/she respected and received well by colleagues in the community? \_\_\_\_\_

If you answered "no" to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. So that we may be better acquainted with the traits that best describe the applicant, please circle the proper number after the statement which applies. The range of numbers is “1” (poor) and number “5” (excellent).

Courtesy	1	2	3	4	5	no information
Maturity	1	2	3	4	5	no information
Leadership	1	2	3	4	5	no information
Initiative	1	2	3	4	5	no information
Adaptability	1	2	3	4	5	no information
Dependability	1	2	3	4	5	no information
Bible Knowledge	1	2	3	4	5	no information
Ministry Involvement	1	2	3	4	5	no information
Physical Fitness	1	2	3	4	5	no information
Wise use of free time	1	2	3	4	5	no information
Neatness of person	1	2	3	4	5	no information
Care of property	1	2	3	4	5	no information
Respect for property	1	2	3	4	5	no information
Wisdom in use of money	1	2	3	4	5	no information
Consideration of others	1	2	3	4	5	no information
Interpersonal relationships	1	2	3	4	5	no information
Public speaking ability	1	2	3	4	5	no information
Behavior in public	1	2	3	4	5	no information
Behavior with the opposite sex	1	2	3	4	5	no information
Overall decorum	1	2	3	4	5	no information
Relationship with family	1	2	3	4	5	no information
Cooperation with family	1	2	3	4	5	no information
Disposition	1	2	3	4	5	no information
General attitude towards the Ministry	1	2	3	4	5	no information
Devotional and study habits	1	2	3	4	5	no information

Sincerity 1 2 3 4 5 no information

Discipline in the home 1 2 3 4 5 no information

6. What type of ministries, gifts and talents are evident in the applicant's life?

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7. Is there any evidence of God's call to the ministry on the applicant?

Yes                  Possibly                  No                  Please comment on your answer:

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8. What characteristics of this person do you feel might contribute to a successful Ministry/Christian service?

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9. What characteristics of this person do you feel might create problems in the Ministry/Christian service?

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10. How does the applicant react to instruction, counsel, discipline, or correction? \_\_\_\_\_

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11. What opinion have you formed regarding his/her Christian character? \_\_\_\_\_

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12. To the best of your knowledge, does the applicant hold any doctrinal view or teaching not commonly held by the International Fellowship of Christian Assemblies? \_\_\_\_\_ If "yes", please explain \_\_\_\_\_

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13. List any habits or areas of integrity you may be aware of that may be detrimental to this person's effectiveness in their Ministry or Christian service which the District Presbytery should be made aware of:

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14. Can this applicant be trusted to keep confidence?    Not usually                  Usually                  Always

15. Circle the words which you feel would best describe the applicant:

Impatient	Prejudice	Impulsive	Socially Awkward
Intolerant	Tactful	Studious	Self-Confident
Insecure	Argumentative	Organized	Sarcastic
Modest	Domineering	Loving	Critical of others
Patient	Proud	Kind	Mature
Anxious	Timid	Loyal	Compassionate
Nervous	Verbal	Gentle	Teachable
Depressed	Humble	Intelligent	Self-disciplined

16. Do you recommend the applicant named for credentials? (check one) Yes \_\_\_\_ With reservation \_\_\_\_ No \_\_\_\_

17. Any additional comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**SECTION 4**

**REFERENCE FORM FOR A CREDENTIAL APPLICANT'S SPOUSE**

**INSTRUCTIONS**

This form must be completed by the applicant's Pastor.

Name of Applicant's Spouse \_\_\_\_\_

1. Are you an Ordained Minister? \_\_\_\_\_
2. In your opinion, does he/she display a cooperative spirit concerning the spouse's call to the ministry? \_\_\_\_\_
3. Does he/she become involved in the church by:
  - a. Attending services:                      Regularly              Occasionally              Never
  - b. Participating in worship:              Regularly              Occasionally              Never
  - c. Serving in ministries:              Regularly              Occasionally              Never
4. To the best of your knowledge...
  - a. Is the spouse living a consistent Christian life? \_\_\_\_\_
  - b. Has he/she continued to grow towards spiritual maturity? \_\_\_\_\_
  - c. What characteristics of this person do you feel might cause problems in the ministry of his/her spouse? \_\_\_\_\_  
\_\_\_\_\_
  - d. Is the spouse respected well by the local congregation? \_\_\_\_\_ In the community? \_\_\_\_\_

If you answered "no" to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_

Circle the words which you feel would best describe the applicant's spouse:

- |            |               |             |                    |
|------------|---------------|-------------|--------------------|
| Impatient  | Prejudice     | Impulsive   | Socially Awkward   |
| Intolerant | Tactful       | Studious    | Self-Confident     |
| Insecure   | Argumentative | Organized   | Sarcastic          |
| Modest     | Domineering   | Loving      | Critical of others |
| Patient    | Proud         | Kind        | Mature             |
| Anxious    | Timid         | Loyal       | Compassionate      |
| Nervous    | Verbal        | Gentle      | Teachable          |
| Depressed  | Humble        | Intelligent | Self-disciplined   |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature